

| Risk Category: <u>3</u> | <u>16098</u> | Food Establishment Inspection Report | Page 1 of <u>2</u> |
|--|--|---|-------------------------------------|
| Establishment type: Permanent Temporary Mobile Other _____ | | Date: <u>9/16/25</u> | |
| Establishment <u>Tap House 42</u> | | Time In <u>11:30</u> AM/PM Time Out _____ AM/PM | |
| Address <u>29 N. Main St</u> | | LHD <u>NVHD</u> | |
| Town/City <u>Beacon Falls</u> | | Purpose of Inspection: <u>Routine</u> Pre-op | |
| Permit Holder _____ | | Reinspection Other _____ | |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | |
| <small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small> | | | |
| <small>Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed</small> | | | |
| <small>P=Priority item PF=Priority foundation item C=Core item V=violation type</small> | <small>Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small> | | |
| IN | OUT | N/A | N/O |
| Supervision | | | |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Person/Alternate Person in charge present, demonstrates knowledge and performs duties | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified Food Protection Manager for Classes 2, 3, & 4 | | | |
| Employee Health | | | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper use of restriction and exclusion | | | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written procedures for responding to vomiting and diarrheal events | | | |
| Good Hygienic Practices | | | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper eating, tasting, drinking, or tobacco products use | | | |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No discharge from eyes, nose, and mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hands clean and properly washed | | | |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly followed | | | |
| 10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate handwashing sinks, properly supplied/accessibile | | | |
| Approved Source | | | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food obtained from approved source | | | |
| 12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food received at proper temperature | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food in good condition, safe, and unadulterated | | | |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Required records available: molluscan shellfish identification, parasite destruction | | | |
| GOOD RETAIL PRACTICES | | | |
| <small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small> | | | |
| <small>Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small> | | | |
| OUT | N/A | N/O | |
| Safe Food and Water | | | |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pasteurized eggs used where required | | | |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water and ice from approved source | | | |
| 32 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper cooling methods used; adequate equipment for temperature control | | | |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plant food properly cooked for hot holding <u>Under water running</u> | | | |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved thawing methods used | | | |
| 36 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thermometers provided and accurate | | | |
| Food Identification | | | |
| 37 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food properly labeled; original container | | | |
| Prevention of Food Contamination | | | |
| 38 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insects, rodents, and animals not present | | | |
| 39 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Contamination prevented during food preparation, storage & display | | | |
| 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal cleanliness | | | |
| 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wiping cloths: properly used and stored | | | |
| 42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Washing fruits and vegetables | | | |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | |
| Person in Charge (Signature) <u>[Signature]</u> | | Date <u>9/16/25</u> | |
| Person in Charge (Printed) | | | |
| Inspector (Signature) <u>[Signature]</u> | | Date <u>9/16/25</u> | |
| Inspector (Printed) <u>Melanie Dorka</u> | | | |
| Violations documented | | Date corrections due | # |
| Priority Item Violations | | | |
| Priority Foundation Item Violations | | | |
| Core Item Violations | | <u>11/6/26</u> | <u>2-1</u> |
| Risk Factor/Public Health Intervention Violations | | | |
| Repeat Risk Factor/Public Health Intervention Violations | | | |
| Good Retail Practices Violations | | | |
| Requires Reinspection - check box if you intend to reinspect | | | |
| Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order. | | | |

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 9/16/25

Establishment Tap House Town Beacon Falls

TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|-----------------------|------|-----------------------|------|-----------------------|------|
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OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|-------------|--|
| | CFPM |
| - | H/S 102°F ✓ Stocked ✓ |
| 39c | Refrig 41°F upright - cover foods |
| - | Drawer Cooler 40°F |
| - | Quat used ✓ strips ✓ |
| 55c | Floor in poor condition |
| | Bain marie 40°F |
| | D/W - |
| | Basement: Walkin 42°F |
| | Storage ok |
| | Reminder → No prep allowed in basement |
| | Ice machine ✓ |
| 10pf | Handsink - need paper towels. |
| | Bar: Fruit flies present |
| | D/W - |
| | Handsink stocked ✓ |
| | Mop sink ✓ |
| | Restrm ok |

Person in Charge (Signature)

Date 9/16/25

Inspector (Signature)

Date 9/16/25